

Maine Diabetes Prevention & Control Program

Diabetes: A Growing Epidemic in Maine

As many as one of every nine adults in Maine may have diabetes

■ Recent survey data estimate that 7.5% of the adult population in Maine is diagnosed with diabetes.¹ Based on these data we estimate 77,219 adults in Maine are diagnosed with diabetes.²

■ For every two people diagnosed with diabetes, there is one person that has the disease but has not yet been diagnosed. It is estimated that 38,609 Maine adults have diabetes but have not yet been diagnosed.

Based on these estimates 115,828 Maine adults have diabetes.

Pre-diabetes (impaired fasting glucose or impaired glucose tolerance) may affect two out of every ten adults in Maine

Before type 2 diabetes develops there is a period of several years when blood-sugar levels are higher than normal but not yet at levels for the diagnosis of diabetes. This condition is called Pre-diabetes.

■ Pre-diabetes raises cardiovascular risks by 50%.

■ New data estimates that 40% of people ages 40 to 74 have pre-diabetes³. In Maine, this would amount to 201,834 people.

■ Studies have shown that about 11% of pre-diabetes converts to diabetes in 3 years⁴. Based on 2000 census data 22,202 Maine adults would be affected, averaging 7,400 people developing diabetes a year.

Research has shown that modest lifestyle changes can prevent or delay the onset of type 2 diabetes among high-risk adults. The Diabetes Prevention and Program (DPP) was the first major trial to show that diet and exercise can effectively delay diabetes in a diverse American population of overweight people with high blood glucose levels.

Long Term Complications

Cardiovascular Disease (CVD)

The risk of cardiovascular disease (CVD) and stroke are 2 to 4 times higher in people with diabetes.

■ 1 in 4 people hospitalized for CVD also had diabetes.

Non-Traumatic Lower Extremity Amputations (LEAs)

Diabetes is the leading cause of non-traumatic lower extremity amputations (LEAs).

■ Healthy Maine 2010 established a goal to reduce the rate of LEA's in adults with diabetes to 1.8 per 1,000 per year in 2005, the State met that goal.

Diabetic Retinopathy

The National Eye Institute estimates 25,670 people in Maine, ages 18 and older, have diabetic retinopathy (based on 2000 census data).

■ This figure represents 1 in 3 persons with diabetes in Maine having retinopathy.

End Stage Renal Disease

Diabetes is the leading cause of end-stage renal disease (ESRD).

■ Data from the U.S. Renal Disease System for 2001—2005 shows that Maine's rates for persons with diabetes initiating treatment remained consistent at 0.425% in 2001 to 0.423% in 2005.

■ 43% of all newly diagnosed chronic ESRD patients in Maine had a diagnosis of diabetes in 2002.

Source: ESRD Network of New England. Statistical Highlights, 2003. Network SIMS Database.

Diabetes Related Hospitalizations Increased between 1994 and 2005

Between 1994 and 2005 diabetes related hospitalizations rates, increased from 126 to 135 per 10,000 population.



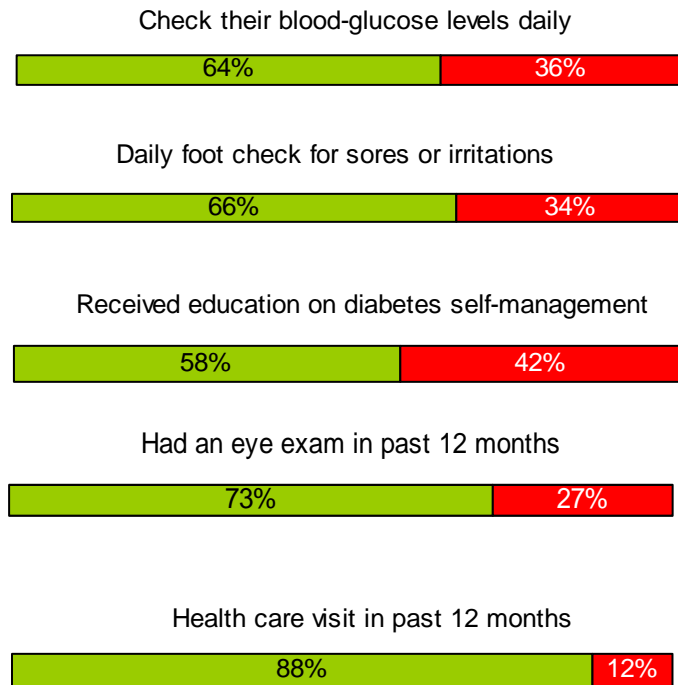
John E. Baldacci, Governor

Brenda M. Harvey, Commissioner

Preventive Practices

Many complications from diabetes can be avoided or reduced through self-management and regularly scheduled medical consultations that focus on diabetes care. According to 3 years of BRFSS survey data (2003–2005) of people diagnosed with diabetes we report the following:

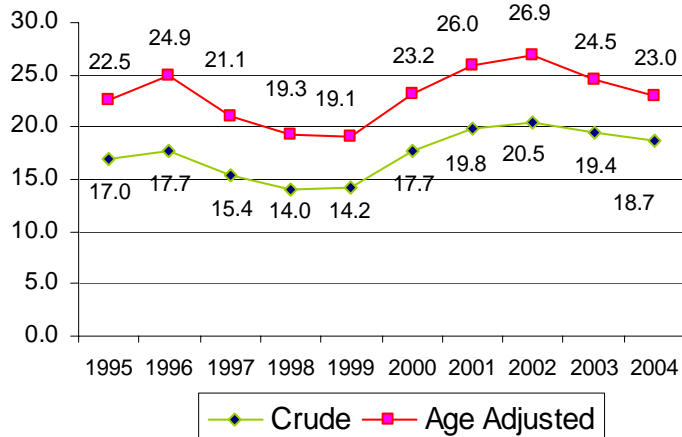
Completed or Performed **Did Not Complete or Perform**



Diabetes and Smoking

Diabetes damages the vascular system. When people with diabetes engage in smoking the risk of developing cardiovascular disease rises dramatically. Maine has the next to the highest rate of smoking among people with diabetes in New England.

Rates of Smoking Among People Diagnosed With Diabetes in Maine



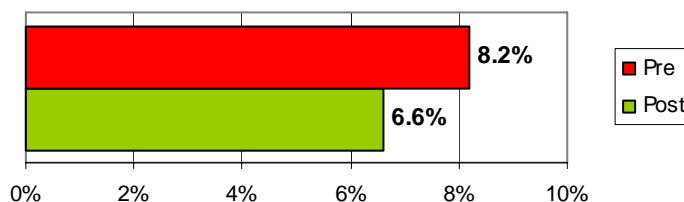
Deaths Attributed to Diabetes are Rising.

Data from the State of Maine's mortality records for 1994 to 2005 list the number of deaths due to diabetes as any cause or as the underlying cause of death. During the 12 year period the absolute number of deaths from diabetes as any cause increased by 26%, and the number of deaths due to diabetes as the underlying cause increased by 24%.

Diabetes Education

Diabetes education has been shown to improve clinical outcomes. Data reports to the Maine Diabetes Prevention and Control Program (DPCP) from 2002–2006 showed consistent decrease in mean A1c measurements on paired data taken prior to diabetes education and then at one year after completion of the program. A1c levels below 7% is a target for glycemic control.

A1c Levels Before and 1 Year After Diabetes Education



Technical Notes

¹ Behavioral Risk Factor Surveillance System, Maine data, crude rate 2006 survey. Centers for Disease Control and Prevention.

² U.S. Census Bureau, Census 2000 Redistricting Data (P.L. 94-171) Summary File, Tables PL1, PL2, PL3, and PL4.

³ T. Thompson, U.S. Health and Human Services Department, 2004.



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